

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-67)

SERIAL NO.	FILING DATE
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APPLICANT(S)	
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CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	17					
TOTAL						

SERIAL NO.	FILING DATE
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APPLICANT(S)	
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BEST AVAILABLE COPY